

# STATE OF DELAWARE PRESCRIPTION PLAN

## Copay Structure

Individuals enrolled in a State of Delaware non-Medicare health plan, administered by Highmark Delaware or Aetna, are automatically enrolled in the prescription plan. The amount you pay for your prescription depends on whether the medication is:

- A generic drug or a brand name drug, and
- On the CVS Caremark Formulary

### What is a Formulary?

A formulary is a list of medications that are approved for coverage under your prescription drug plan. Medications not covered are considered Non-Formulary.

### Three Copay Levels (Tiers)

The prescription drug program has three copay levels (tiers) for covered prescriptions. The prescription drug summary of benefits shows your share of the cost that applies to each tier of the prescription drug program:

- **Tier One** – Generic Drugs
- **Tier Two** – Preferred Brand Name (Formulary)
- **Tier Three** – Non-preferred Brand Name drugs (Non-Formulary)

PRESCRIPTION DRUGS	IN-NETWORK PHARMACY	OUT-OF-NETWORK PHARMACY
<b>Up to a 30-day supply</b> (Available at a <b>participating</b> retail pharmacy or through Home Delivery)		
<b>Tier One – Generic Drug</b>	You pay \$8 copay	Not covered
<b>Tier Two – Preferred</b>	You pay \$28 copay	Not covered
<b>Tier Three – Non-Preferred</b>	You pay \$50 copay	Not covered
<b>Preventive Drugs</b>	Certain prescription drugs classified as preventive under the Affordable Care Act are covered at 100% (\$0 copay)	Not covered
<b>Up to a 90-day supply</b> (Available at a <b>participating</b> retail pharmacies or through Home Delivery)		
<b>Tier One – Generic Drug</b>	You pay \$16 copay	Not covered
<b>Tier Two – Preferred</b>	You pay \$56 copay	Not covered
<b>Tier Three – Non-Preferred</b>	You pay \$100 copay	Not covered
<b>Maximums</b>		
<b>Annual Out-of-Pocket Maximum</b> <i>Once your out-of-pocket prescription drug expenses reach this amount, the plan will cover 100% of your eligible expenses</i>	\$2,100 per employee \$4,200 per family	Not applicable
<b>Infertility Prescription Drug Maximum</b>	\$15,000 lifetime maximum	Not applicable

Questions may be directed to CVS Caremark at 1-833-458-0835 or Statewide Benefits Office at 1-800-489-8933.

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